

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/630 264

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		1	1	1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	9		8			
TOTAL CLAIMS	10		9			

	IND	DEP	IND	DEP	IND	DEP
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